

VOLUNTARY FORM
OMB Control No: 1004-0114
Expires: 7/31/03

CHECK ONE: ☐ LODGE ☐ PLACER
☐ MILLSITE ☐ TUNNEL SITE

MINING CLAIM LOCATION NOTICE/CERTIFICATE

CLAIM NAME/NUMBER _____ CREEK NAME _____

DATE OF LOCATOR=S DISCOVERY _____ DATE LOCATION NOTICE POSTED _____
(Month/day/year) (Month/day/year)

CLAIM SIZE _____ Ft long in N/S direction and _____ ft wide in an _____ direction

THIS CLAIM IS LOCATED IN (complete as many lines below as apply to this claim)

_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____
_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____
_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____
_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____

GPS Coordinates (if available) _____ DATUM (if known) _____

THIS CLAIM IS LOCATED IN THE _____ RECORDING DISTRICT, STATE OF ALASKA

LOCATOR (Name & address where correspondence should be sent)

Name _____

(Signature) () Owner () Agent

Address _____

ALL LOCATORS/OWNERS OR THEIR AGENTS
MUST SIGN

ADDITIONAL LOCATORS

Name _____

(Signature) () Owner () Agent

Address _____

Name _____

(Signature) () Owner () Agent

Address _____

(Use extra page if necessary)

In addition to the claim sketch to the right, a
separate USGS map or an MTP
showing the location of this claim is:

CLAIM SKETCH

